December 29, 1965

Dr. P. Rentchnick  
Medecine et Hygiene  
22, Rue Micheli-du-Crest  
Geneva 4, Switzerland

Dear Dr. Rentchnick:

In reply to your letter of 23 December I should like to say that the question posed by the practitioner leaves me wondering what he meant by the expression "agglutination rate". It might be well, for the sake of publication, to ask him to indicate the specific serologic test for toxoplasmosis - if that is what it refers to - that was used.

My answer, however, would be the same and as follows:

"On the basis of a critical evaluation of existing knowledge the danger of the development of congenital toxoplasmosis exists only when the toxoplasma infection is acquired during pregnancy (and not before) and the most dangerous period would appear to be between the second and 6 months of pregnancy. It is important to stress that toxoplasmosis acquired during pregnancy does not always result in fetal infection, and even when fetal infection does occur the infant may develop normally (see J. Couvreur and G. Desmontes, "Congenital and Maternal Toxoplasmosis: A Review of 300 Congenital Cases", Developmental Medicine and Child Neurology, 4:519, 1962). Accordingly, in this particular instance even if there is good evidence that this patient had an acute toxoplasmonic infection during the past year, there would appear to be no contraindication to pregnancy on the basis of a potential risk of congenital toxoplasmosis. Specific drug treatment for toxoplasmosis entails a certain amount of danger and should be limited only to patients with strong evidence of an acute current, potential life-threatening infection with toxoplasma. The treatment has no effect on the specific serologic reactions for toxoplasma."


With reference to your question about "the most efficient treatment of acquired toxoplasmosis!" I should like to say that sulfonamides (e.g. sulfadiazine, sulfamerazine and sulfamethazine) in the usual dosage and pyrimethamine (Daraprim) are the currently recommended drugs to be used only under very special conditions in which one has reason to suspect a life-threatening or severely damaging acute infection with toxoplasma. The pyrimethamine is given initially on the basis of 1 mg/kg of body weight per day divided in two equal daily doses. After 48 to 96 hours this dose is reduced by one-half and is continued for a period of about one month with extraordinary care for evidence of drug toxicity. If no benefit is apparent after two weeks, it is believed that nothing could be expected from continuation of the treatment. See Feldman, H. A., Toxoplasmosis, Chapter 58 in Pediatric Therapy (C. V. Mosby Co., St. Louis, 1964) edited by Harry C. Shirkley.

I hope this information will prove useful to you.

I also want to thank you for your thoughtfulness in sending me the November 24, 1965, issue of Medecine et Hygiene containing the very interesting articles on vaccinations.

With best wishes and kindest regards.

Sincerely yours,

Albert B. Sabin, M. D.

ABS:meh